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September 25, 2026

To: Prospective Proposers and Interested Parties

From: 
Leticia Torres-Ibarra, Division Manager
Contracts Administration Division

ADDENDUM NUMBER FIVE TO THE EMERGENCY SHELTER CARE SERVICES REQUEST FOR STATEMENTS OF QUALIFICATIONS NUMBER 21-0072

Addendum Number Five is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Emergency Shelter Care (ESC) Services Request for Statement of Qualifications (RFSQ) released on August 1, 2023. Addendum Number Five amends sections of the RFSQ. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

A Prospective Proposer's failure to address the requirements of this Addendum Number Five may result in the proposal being found non-responsive and not being considered, as determined in the sole discretion of the County.

Changes to wording in RFSQ sections in this Addendum Number Five include both deletions and additions. Deletions are indicated by strikethrough (~~strikethrough~~) and additions are underlined (underlined).

A red line version of the ESC RFSQ #21-0072, which includes changes from Addendum Number One, Addendum Number Two, Addendum Number Three, Addendum Number Four, and Addendum Number Five, is now available on the DCFS Website and the Internal Services Department Website.

RFSQ section revisions are listed in sequential order as they appear in the document:

- I. RFSQ, **Section 2.0, General Information, Subsection 2.2.6, Service Capacity and Compensation**, is amended to read as follows:

2.2.6 Service Capacity and Compensation

"To Enrich Lives Through Effective and Caring Service"

2.2.6.1 Bed Availability Rate

The Bed Availability Rates to be paid to ESC Contractors are as follows:

<i>The County will pay:</i>
\$400 per month for each bed held available for Children Ages 0-17 and NMDs
\$400 per month for each bed held available for Sibling Groups, Ages 0-17 (A 2-bed minimum is required)
\$600 per month for each set consisting of <u>one bed and one crib</u> held available for a teen mother and her Infant

2.2.6.2 Bed Capacity and Placement Categories

The following criteria apply to the approved ESC Bed Capacity and Bed Placement categories:

1. The total number of beds cannot exceed the bed capacity stated on the Resource Family Approval (RFA) certificate and in Title 22 Regulations.
2. An infant crib is counted as a bed and is included in the bed count stated on the RFA certificate.
3. A minimum of two beds must be available for sibling groups with a maximum of two children per bedroom.
4. The rate for a teen mother and her infant includes one bed for the teen mother and a separate crib for the infant in the same bedroom.
5. A separate crib is required for each infant.

2.2.6.2 2.2.6.3 Foster Care Placement Rate

When an ESC Child is placed in the ESC Contractor's available bed, the Bed Availability Rate will continue, and the ESC Contractor will receive additional compensation at the Aid to Families with Dependent Children-Foster Care (AFDC-FC) Specialized Care Rate (SCR) category for foster children, depending on the ESC Child's category, for the number of days the ESC Child remains in the ESC Contractor's home.

2.2.6.3 2.2.6.4 Payment

Both the bed rate and foster care placement rate are calculated on a pro-rata basis each month for each day service was provided. Contractors will receive two (2) separate payments, as

the monthly payment for the bed availability rate is paid through an invoicing process, and the monthly payment for Foster Care Placement Rate is paid through a voucher process.

If a bed vacancy exceeds 60 days, County Program Manager (CPM) reserves the right to withhold Bed Availability payment and place the bed "off-call" status until a placement is secured.

- II. RFSQ, Appendix A, **Sample Contract, Section 5.5, Invoices and Payments, Subsection 5.5.5**, is replaced in its entirety:

~~5.5.5 All invoices, Technical Exhibit A-3 (ESC Contractor's Invoice), under this Contract must be submitted in two (2) copies to the following address:~~

~~County of Los Angeles
Department of Children and Family Services
Fiscal Operations Division
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020
Attention: Accounting Services Section~~

AND a copy of the invoices to:

~~County of Los Angeles
Department of Children and Family Services
Emergency Shelter Care Services
9320 Telstar Ave, Suite 216 El Monte, CA 91731
Attention: ESC County Program Manager
Email: DCFS-ESC-Invoicing@dcfs.lacounty.gov~~

5.5.5 The Contractor shall submit monthly invoices, Technical Exhibit A-3 (ESC Contractor's Invoice), and required supporting documentation under this Contract to the DCFS County Program Manager for review and approval. The Contractor shall also submit an electronic copy via email to DCFS Accounting Services.

5.5.5.1 The electronic invoice must be emailed by a representative of the Contractor, whose email address has been approved by the Program Manager.

5.5.5.2 Invoices received from an email address not approved by the Program Manager will not be accepted.

5.5.5.3 Invoices and supporting documentation should be submitted to:

County of Los Angeles
Department of Children and Family Services
Emergency Shelter Care Services
9320 Telstar Ave, Suite 216 El Monte, CA 91731
Attention: ESC County Program Manager
Email: DCFS-ESC-Invoicing@dcfs.lacounty.gov

And a duplicate copy to:

County of Los Angeles
Department of Children and Family Services
Fiscal Operations Division
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020
Attention: Accounting Services Section
Email: Contractinvoices@dcfs.lacounty.gov

- III. Statement of Work, **Section 9.8, Contractor's Compensation**, is amended to read as follows:

9.8.1 Bed Availability Rate

Contractor must make available the number of beds for the bed placement category specified in Exhibit B, Pricing Schedule, of the Contract. Contractor must maintain the availability of these beds 24 hours a day, 7 days a week basis, until placement occurs. Contractor must be compensated the rates specified in Exhibit B, Pricing Schedule, of the Contract. All rates must be calculated on a pro rata basis.

The Bed Availability Rates to be paid to ESC CONTRACTOR are as follows:

<i>The County will pay:</i>
\$400 per month for each bed held available for Children Ages 0-17 and NMDs
\$400 per month for each bed held available for Sibling Groups, Ages 0-17 (A 2-bed minimum is required)
\$600 per month for each set consisting of <u>one bed and one crib</u> held available for a teen mother and her Infant

9.8.1.1 The daily bed availability rate must only be paid for days the Contractor is not on "Off-Call," "Do Not Use," "Do Not Refer," or "Investigative Hold status."

9.8.2 **Bed Capacity and Placement Categories**

The following criteria apply to the approved ESC Bed Capacity and Bed Placement categories:

1. The total number of beds cannot exceed the bed capacity stated on the Resource Family Approval (RFA) certificate and in Title 22 Regulations.
2. An infant crib is counted as a bed and is included in the bed count stated on the RFA certificate.
3. A minimum of two beds must be available for sibling groups with a maximum of two children per bedroom.
4. The rate for a teen mother and her infant includes one bed for the teen mother and a separate crib for the infant in the same room.
5. A separate crib is required for each infant.

9.8.2 **9.8.3** **Foster Care Placement Rate**

When an ESC Child is placed in the ESC Contractor's available bed, the Bed Availability Rate, as specified in Subsection 9.8.1, will continue. Additionally, the ESC Contractor will receive additional compensation at the Aid to Families with Dependent Children-Foster Care (AFDC-FC) Specialized Care Rate (SCR) category for foster children, depending on the ESC Child's category, for the number of days the ESC Child remains in the ESC Contractor's home. Rates will be prorated for periods of less than a month. Placements must be listed and tracked on Technical Exhibit A-7 (ESC Services Control Log).

9.8.3 **9.8.4** **Payment**

Both the bed rate and foster care placement rate are calculated on a pro-rata basis each month for each day service was provided. Contractors will receive two (2) separate payments, as the monthly payment for the bed availability rate is paid through an invoicing process, and the monthly payment for Foster Care Placement Rate is paid through a voucher process.

If a bed vacancy exceeds 60 days, County Program Manager (CPM) reserves the right to withhold Bed Availability payment and place the bed "off-call" status until a placement is secured.

9.8.4 **9.8.5** **Invoices**

The Contractor must prepare invoices, Technical Exhibit A-3 (ESC 15 Contractor's Invoice) of Exhibit A (Statement of Work), in accordance with Paragraph 5.5 (Invoices and Payments) of this Contract. Technical Exhibit

A-7 (ESC Services Control Log) must be submitted with Technical Exhibit A-3 (ESC Contractor's Invoice).

- IV. RFSQ, Appendix B, Required Forms, Exhibit 7, **Pricing Schedule**, has been replaced in its entirety. Please refer to Attachment II of this Addendum Five.

EMERGENCY SHELTER CARE SERVICES

PRICING SCHEDULE

Contractor hereby agrees to perform the services, the scope of which is set forth in the Emergency Shelter Care (ESC) Services Contract for the County of Los Angeles, under all of the terms and conditions specified in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments and Contract.

Prices include all applicable charges and costs associated with receipt, delivery, confirmation, and any other costs necessary in the performance of all tasks outlined in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments, and Contract.

APPROVED BED CAPACITY						
1. Licensed/Approved Capacity (Number of Beds): ____				2. DCFS/ESC Approved Capacity (Number of Beds): ____		
Please check one of the following boxes:						
NEW CONTRACT				AMENDMENT TO CHANGE BED CAPACITY		
EMERGENCY SHELTER CARE PRICING SCHEDULE						
Bed Placement Category	Monthly Rate Per Available Bed	Number of Available Beds ^{1,2}			Monthly Cost for Available Beds	Annual Cost for Available Beds
		Male	Female	Both		
1. Number of Cribs for Infants, ages 0-2 ^{3,6}	\$400					
2. Number of Beds for Children, ages 3-20	\$400					
3. Number of Beds for Sibling Group, ages 0-20 ⁴	\$400					
4. Number of Beds for Teen Mother, including crib in 4a. ⁵	\$600					
4a. Number of Cribs for Teen Mother's Infant(s) ⁶						
¹ The total number of beds cannot exceed the bed capacity per your Resource Family Approval (RFA) certificate and in Title 22 Regulations (SOW, Section 9.8.2, 1). ² If a bed vacancy exceeds 60 days, CPM reserves the right to withhold the Monthly Bed Availability rate payment and place the bed on "off call" status until a placement is secured (SOW, Section 9.8.4). ³ The infant crib is counted as a bed and included in the bed count stated on the RFA certificate (SOW, Section 9.8.2, 2). ⁴ A minimum of two beds must be available for sibling groups with a maximum of two children per bedroom (SOW, Section 9.8.2, 3). ⁵ Rate includes one bed for the teen mother and a separate crib for the infant in the same bedroom (SOW, Section 9.8.2, 4). ⁶ A separate crib is required for each infant (SOW, Section 9.8.2, 5).					Monthly Total:	
					Annual Total:	

CONTRACTOR'S NAME (Print)

CO-CONTRACTOR'S NAME (Print)

CONTRACTOR'S SIGNATURE

CO-CONTRACTOR'S SIGNATURE

Date

Date

For DCFS Contracts Administration Division Use Only:

Pricing Schedule Effective Date:

Contract Analyst Name (Print)

Signature

Date